EMERGENCY PERMIT YES NO				FOR COMMISSION USE ONLY	
Virginia Racing Commission 10700 Horseman's Road New Kent, VA 23124	APPLICATION FOR PARTICIPANTS			Date Applied Permit Number	
	Last Name	First Name	Middle Name	Date Packet Mailed Sender of Packet Packet Given To	
804-966-7412 804-966-7422FAX	Stable/Corp/LLC/Trust/Estate Type		Type Permits	Application Reviewed By Date Approved	
	ALL PERMIT FEES: \$10.00 STABLE/CORP./LLC/ESTATE/TRUST: \$25.00 FINGERPRINT: \$37.00			Cash Payment Check Payment/Check # Prints Taken Prints Not Taken	
Making his	initial application in the Co	INFORMATION AND INSTRUCTORY a fee prescribed by the Virginia Racing Commonwealth of Virginia and at least once a Racing Commission. All questions must be	Commission. The applicant shall be every five years thereafter. Check	s or money orders	
Permanent Mailing Address City State Zip Email Address Maiden Name Employer		_		OWNER AND TRAINER	
		U.S.T.A. Number	FEIN Number Number of horses in training in Virginia Number of employees working in Virginia Company name Policy Number Name of Policyholder		
<u></u>	□ No	Birth Place		ASSISTANT TRAINER	
If no, citizen of Immigration # Person to notify in Emergency:		Home	Number of horses in	Assistant to trainerNumber of horses in your care	
Telephone Number		Business Cell Male		JOCKEYS AND APPRENTICE JOCKEYS Name of Agent	
		WEIGHT HEIGHT _ HAIR COLOR EYES _	1. Jockey's Signa	JOCKEY AGENTS tureture	
CURRENT LICENSE 20	TYPE LICENSE	NAME OF ST	2. Jockey's Signa		